

Integrating PrEP Into Clinical, Non-Clinical, and Inter-Agency Workflows

JSI Research & Training Institute (JSI)
Holyoke Health Center

2023 PrEP Webinar Series: Oral and Injectable PrEP
Session 4: Monday, June 26, 2023 | 3PM - 4PM ET



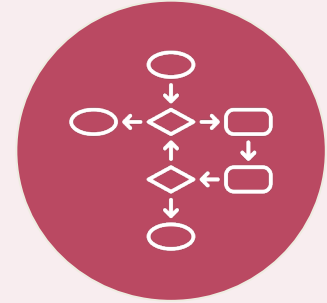
Learning Objectives



Describe the main workflow considerations for clinical agencies to provide PrEP to patients.



Identify strategies for non-clinical agencies to facilitate client access to PrEP.



Utilize process mapping as a tool to implement successful PrEP workflows in your agency.

Presenters



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Today's Agenda

1

Recap of
Sessions 1-3

2

Key PrEP
Workflow
Considerations

3

Putting PrEP
Into Action

4

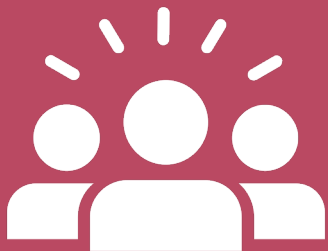
Q&A





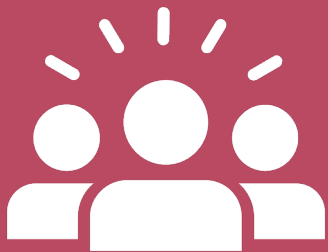
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Recap



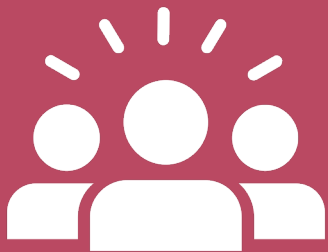
Session 1 (4/17):
**Understanding
Injectable and
Oral PrEP**

- Currently available options for PrEP include:
 - ◆ Oral TDF/FTC (Truvada)
 - ◆ Oral TAF/FTC (Descovy)
 - ◆ Injectable cabotegravir (Apretude)
- All 3 forms of PrEP are highly effective when taken as prescribed, and generally well-tolerated.
- On-demand PrEP (2-1-1) with TDF/FTC is an alternative dosing strategy studied among MSM.
- Same-day PrEP initiation may improve access and uptake and is most feasible with oral PrEP.



Session 2 (5/8): **PrEP Financing and Payment**

- PrEP is covered by all insurers in MA, including Qualified Health Plans on the MA Health Connector, MassHealth, and private insurers.
- PrEP prescriptions may require prior authorization.
- Use Modifier 33 to waive cost-sharing for PrEP rx and ancillary services (follow-ups, labs, etc.)
- MA PrEP Drug Assistance Program (PrEPDAP) can help any insured or uninsured MA resident who is HIV negative to access PrEP without cost-sharing.
- Get in touch with AccessHealth MA to learn more about PrEPDAP and nPEP.



Session 3 (6/5): PrEP Decision Making: Client and Provider Communication

- Stigma of PrEP and HIV, medical mistrust, and confidentiality are key concerns for clients
- Integrate PrEP screening into HIV and STI testing programming and at intake
- Create trusting relationships with patients
- Meet clients where they are in terms of PrEP education
- Offer culturally and linguistically appropriate services
- Consider preferences, comorbidities, the nature of an individual's HIV exposure, and logistics when working with a patient/client to select a PrEP option.



Polls



2

Key PrEP Workflow Considerations

Overview of Process Mapping



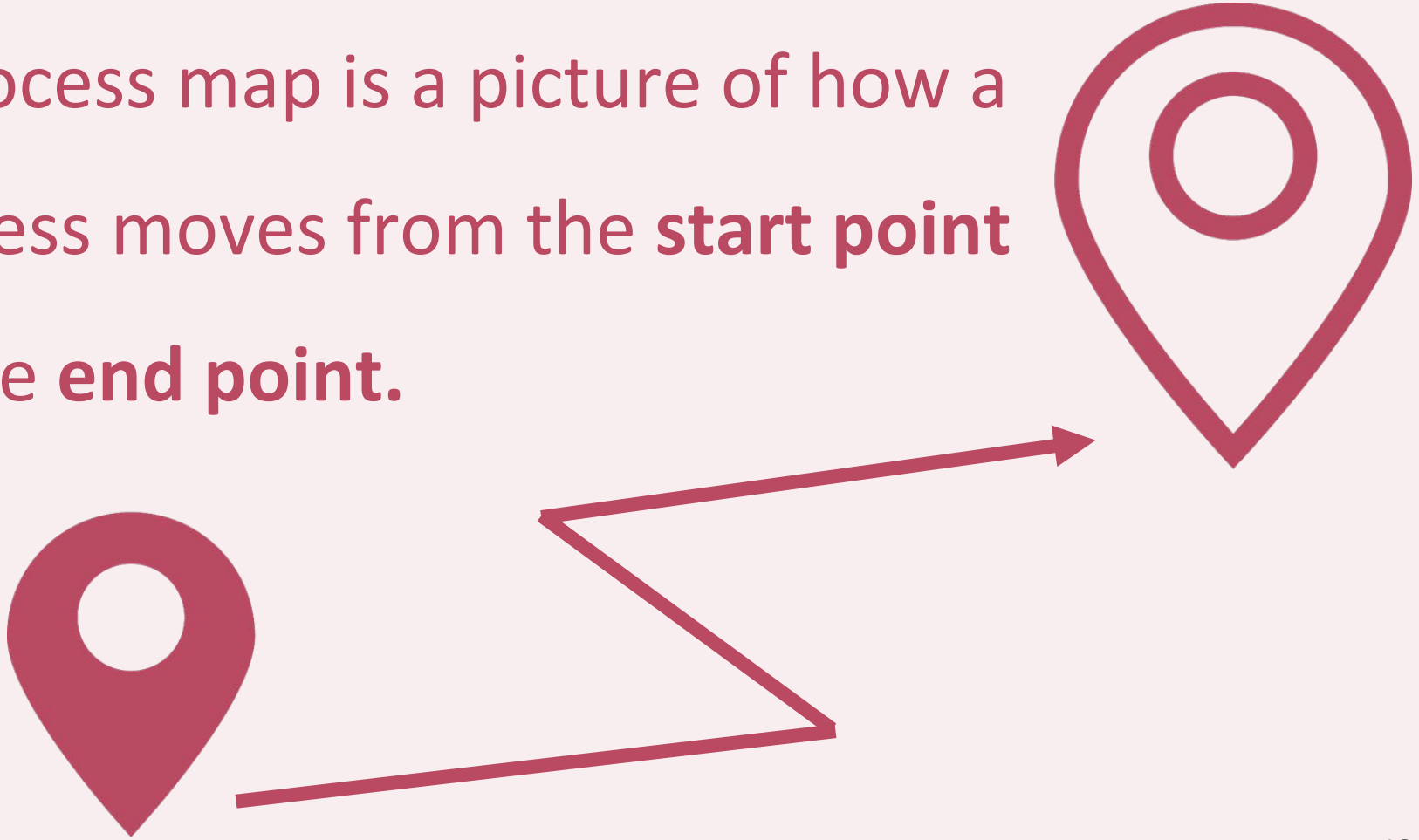


Process Mapping




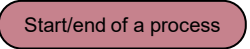
Process Mapping: A Planning and Management Tool to
Visually Describe Work Flow


A process map is a picture of how a process moves from the **start point** to the **end point**.

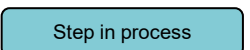



Key


 Phone call


 Start/end of a process

 Lapse in time

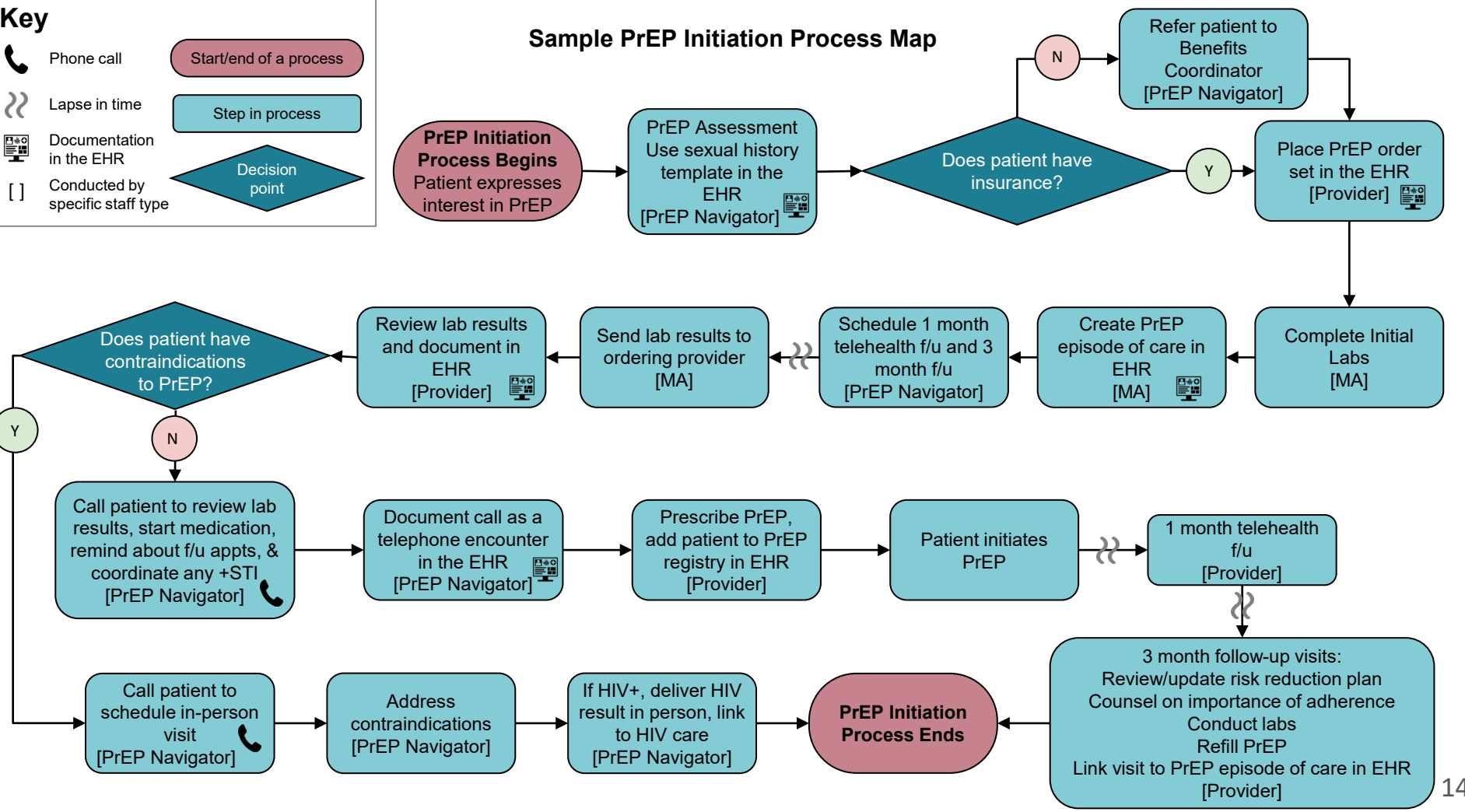
 Step in process

 Documentation in the EHR

 Decision point

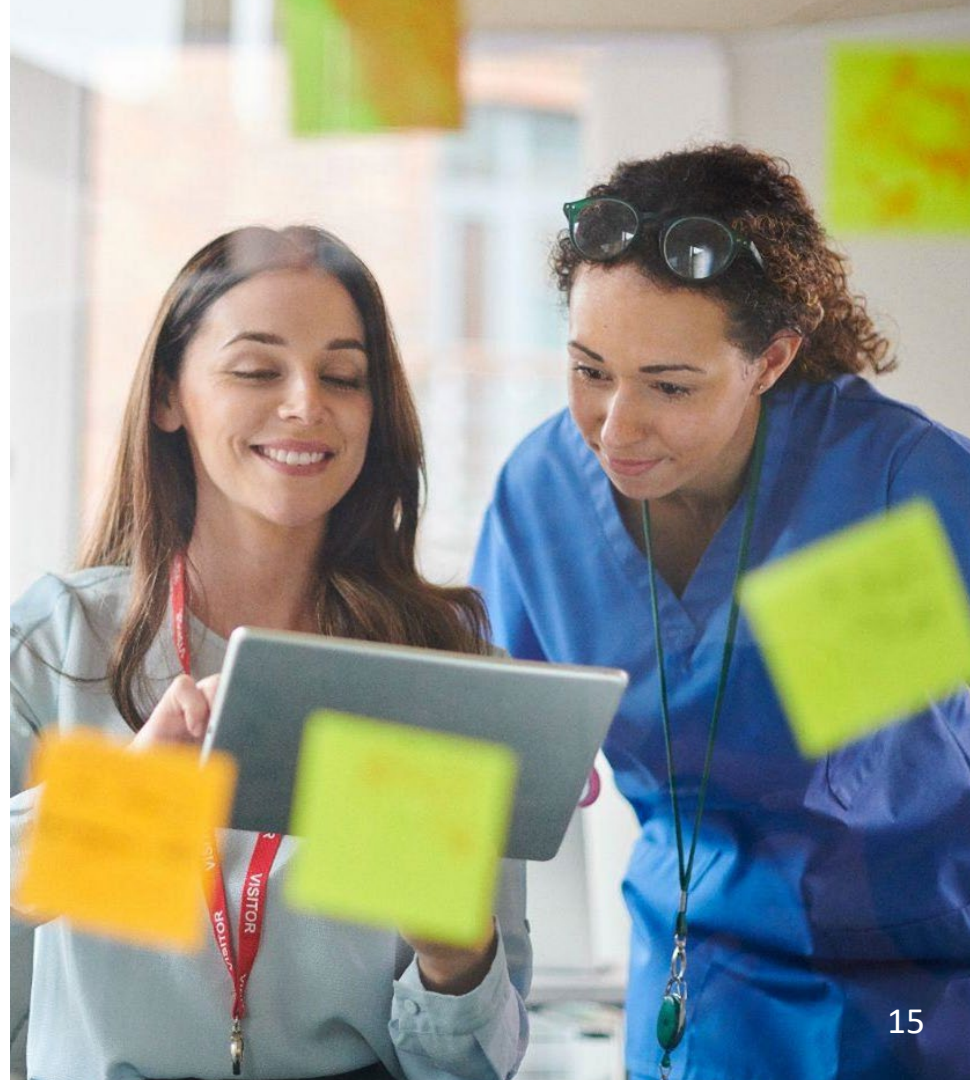
 Conducted by specific staff type

Sample PrEP Initiation Process Map



Process mapping is a **collaborative** and **iterative** process.

Program teams can work together to draft and refine a process map to make sure that it accurately represents their workflow in a way that is as clear and simplified as possible.



Outcomes of Map Development Process

- Identify and document the current workflow
- Identify and address gaps or unequal burdens on current staff
- Visualize the ideal workflow for a process
- Identify opportunities to streamline and improve workflows
- Clarify staff responsibilities
- Identify and address any current systemic barriers

Process maps can be used to:

- Train new staff during the onboarding process
- Support current staff by serving as a job aid
- Ensure visits are conducted timely and efficiently
- Ensure accountability and consistency of how staff provide services
- Increase staff comfort and confidence with providing services
- Clarify and communicate workflows with internal and external partners
- Communicate complexity and value of programs to leadership
- Serve as a living document that can be revised to reflect systematic changes to the workflow

Mapping your PrEP Process





Poll

What are the key components of your PrEP program?



PrEP screening and intake



Providing PrEP education



PrEP financing and payment



Conducting lab tests



Onsite prescribing (*clinical sites*) **or** linkage to care (*non-clinical sites*)



Connecting or referring to support services



Documentation



Conducting PrEP follow-up

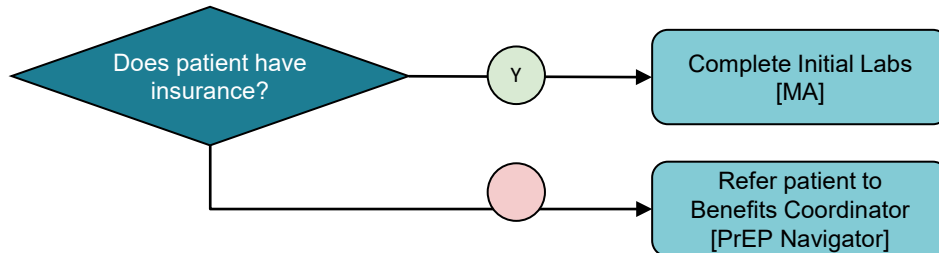
How does each component fit into your current workflow?

What should the first step be?

What should the last step be?

In what situations does the order of steps change?

What happens if a client gets “stuck” on a step?



Who is involved in each of the components?

Which staff types conduct each step?

For example: Front desk staff, Nurse Practitioner, Benefits Coordinator, Medical Assistant, lab staff, pharmacy staff, PrEP Navigator, PrEP prescriber

What other staff need to be alerted/involved?

For example: Behavioral Health case manager, primary care provider, state lab staff

How they are notified?

For example: Warm handoff, EHR notification



What level of detail is useful?

1 What information should be included in each step?

- a. Staff title
- b. Staff name
- c. Staff phone number

2 What should color be used to indicate?






- a. Type of process mapping step (*e.g., decision diamond, action step, start/end of the process*)
- b. When the step happens (*e.g., day client expresses interest, after lab results are received, 3 month-follow-up*)
- c. Where the step happens (*e.g., clinic room, lab*)
- d. Visit modality (*e.g., in-person, telehealth, phone call*)
- e. Who completes the step (*e.g., PrEP Navigator, Medical Assistant, Prescriber*)

What level of detail is useful?

3 Where should the necessary lab tests be listed?

- a. On the process map itself, in step(s): _____
- b. On an accompanying document

4 What icons should be used?

Icon:	Represents:
 or 	Phone call
	Documentation in the EHR
	Lapse in time
	Potential challenge

How can you streamline and improve your PrEP service workflow?

Where are the challenges or bottlenecks in the current workflow?

What are the areas in which your PrEP processes are not clear?

Where do clients get lost to follow-up? Why is this happening?

How does this current process map compare to your ideal process? Are there any steps that can be changed or removed to reach the ideal process?



Linkage to PrEP Care: Considerations

- Identify partner organizations with PrEP prescribing capacity
- Communicate with prescribing partners to confirm which PrEP formulations they offer
- Collaborate with partners to determine an ideal referral process
- Collaborate with partners to create a workflow for data collection and sharing
- Identify a laboratory testing partner if needed (e.g., MA State Public Health Laboratory, Quest Lab)
- Identify pharmacies with the capacity to process copay cards from the manufacturer

Key



Phone call



Lapse in time



Documentation in the EHR



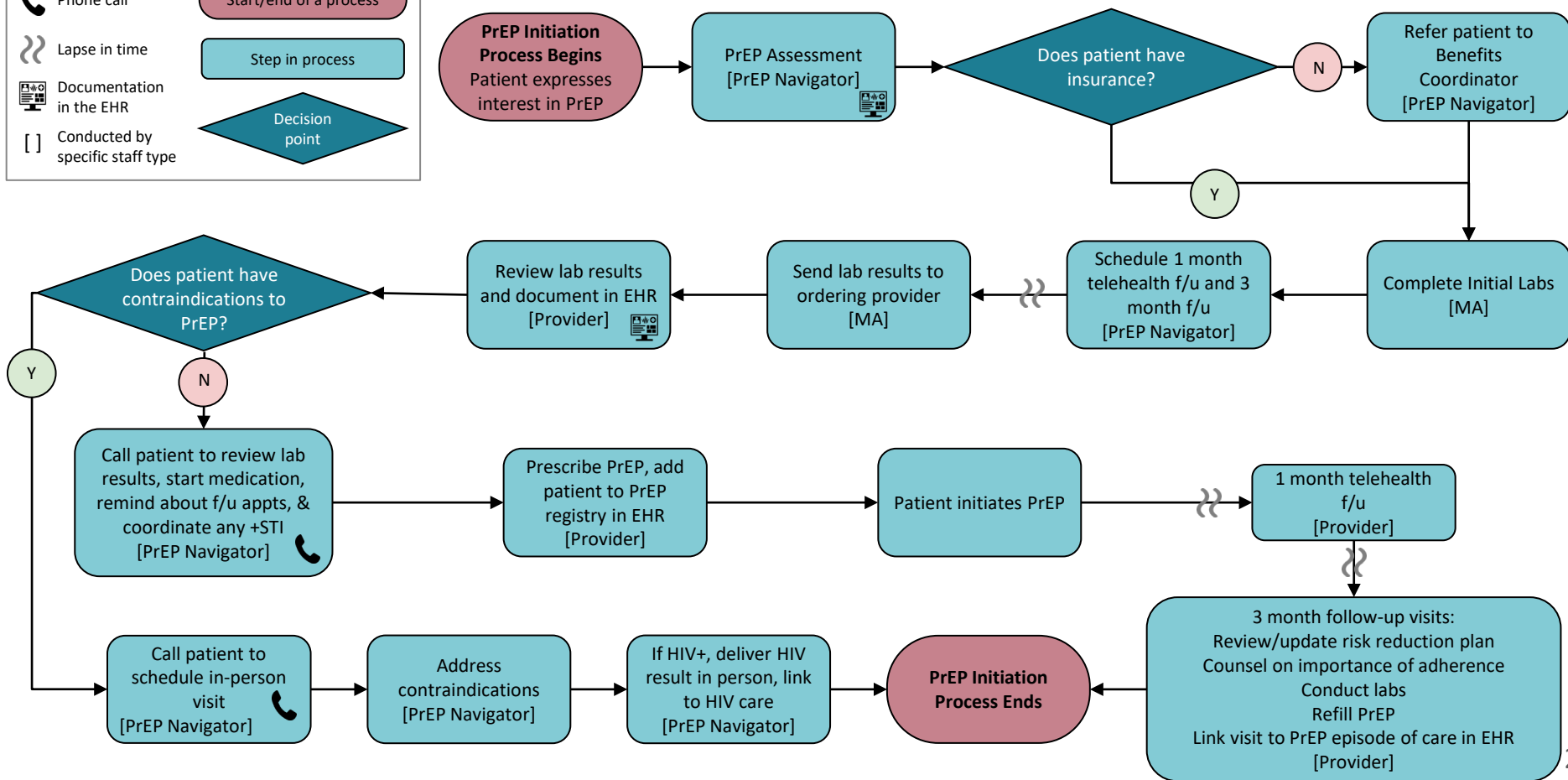
Conducted by specific staff type

Start/end of a process

Step in process

Decision point

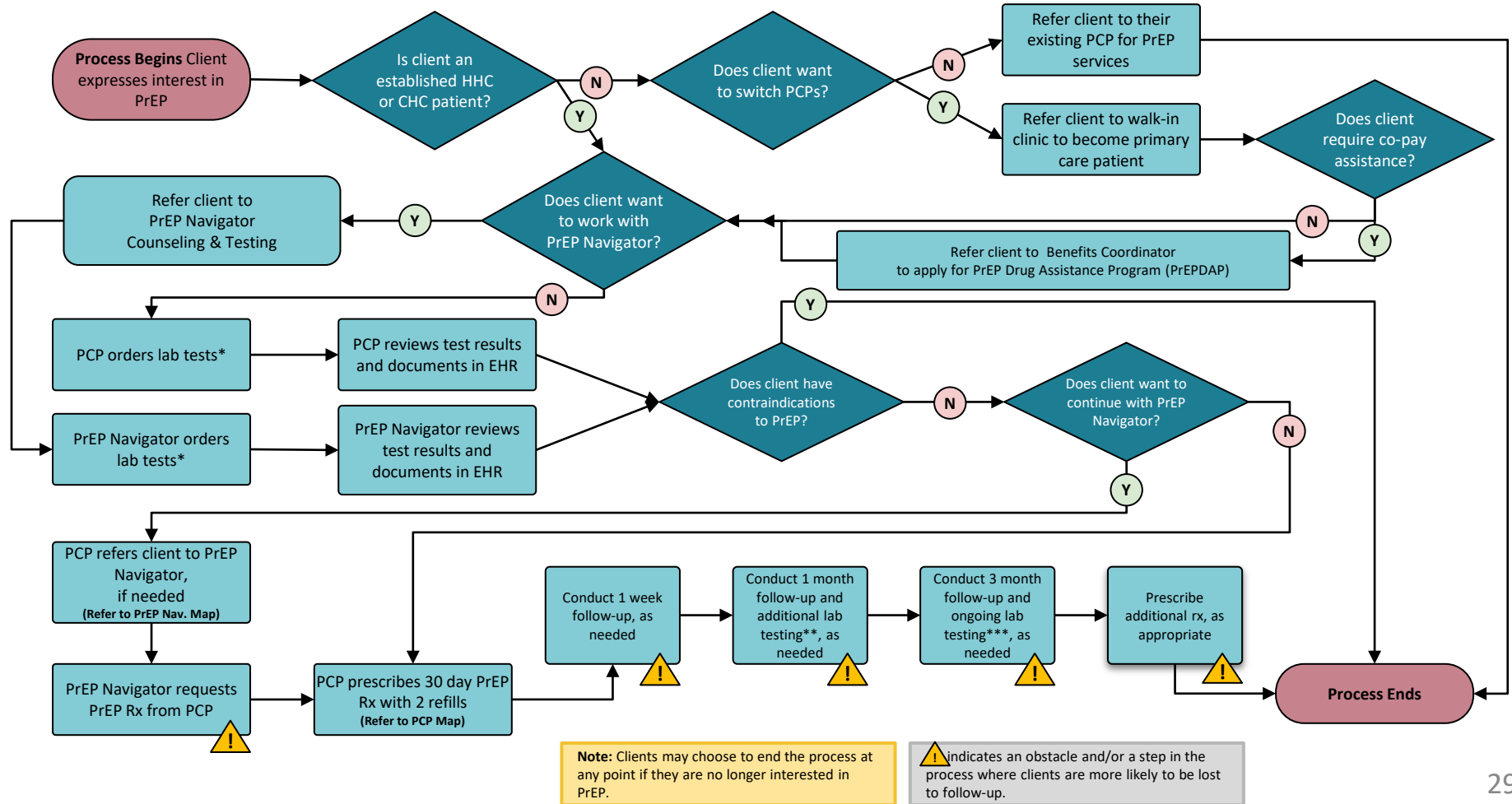
Sample PrEP Initiation Process Map





3

Putting PrEP
Into Action



Holyoke Health Center

Lab Testing Guidance for HIV PrEP

* Initial Appointment

- HIV, HCV, RPR, CT/GC
 - Order in-house rapid HIV, if applicable
- HCG, if indicated
- Creatinine and HBV, if no recent test on file

** 1 Month Follow-Up

- Creatinine and HBV, if no recent test on file

*** 3 Month Follow-Up

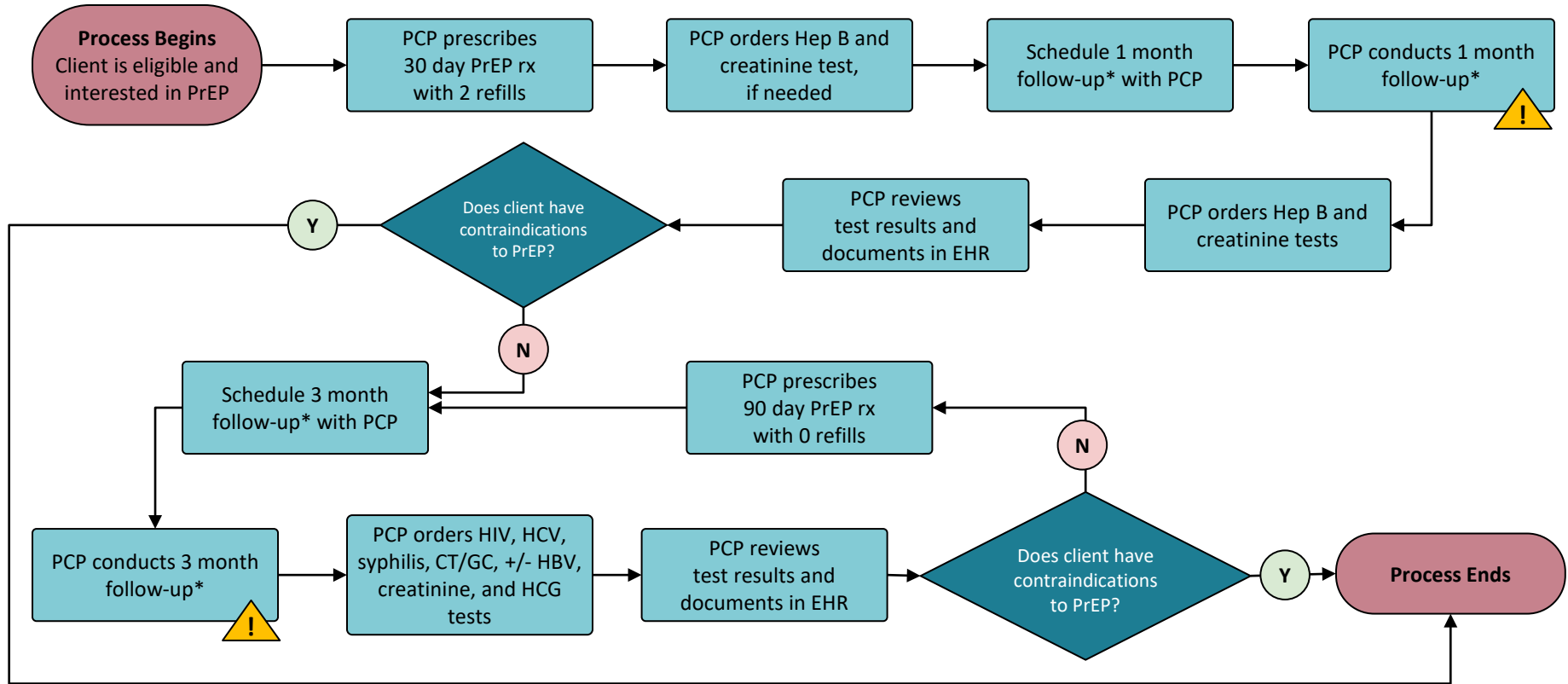
- HIV, HCV, RPR, CT/GC
- HCG, if indicated
- Creatinine and HBV, if no recent test on file

MA State Public Health Laboratory (SPHL) (3-5 days)

- HIV
- Hepatitis C (HCV)
- Syphilis (RPR)
- Chlamydia (CT)
- Gonorrhea (GC)

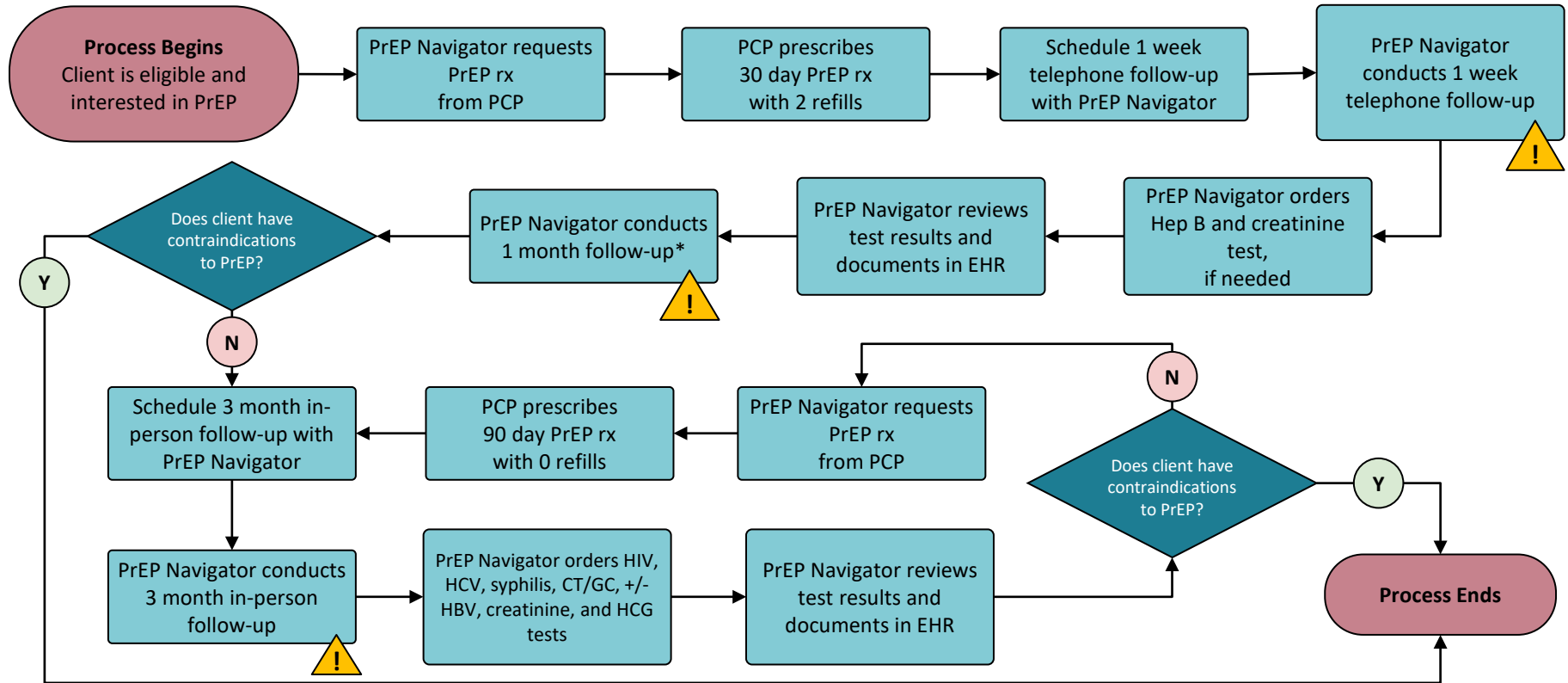
Quest Lab (1 - 2 days)

- Pregnancy (HCG)
- Creatinine
- Hepatitis B (HBV)



***Note:** 1 month and 3 month follow-up appointments may be conducted in-person or via telephone, at the PCP's discretion.

⚠ indicates a step in the process where clients are more likely to be lost to follow-up. Clients may be lost to follow-up if their life circumstances and risk profile have changed, which may affect their engagement and interest in PrEP.



***Note:** If the client walks in to complete laboratory testing after PrEP initiation, the PrEP Navigator may conduct a same day in-person 1 month follow-up.

⚠ indicates a step in the process where clients are more likely to be lost to follow-up. Clients may be lost to follow-up if their life circumstances and risk profile have changed, which may affect their engagement and interest in PrEP.



4

Q&A

Thank you!

Please take a moment to complete the brief feedback form!

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